

# Permanent Change of Station Personal Questionnaire

DHS, U.S. Citizenship & Immigration Services (USCIS)  
Office of Financial Management – Burlington, Vermont  
70 Kimball Avenue  
South Burlington, Vermont 05403



U.S. Citizenship  
and Immigration  
Services

Relocation Authorization Number (Assigned by USCIS OFM Burlington): \_\_\_\_\_

Type of Transfer: ☐ International - or - ☐ Domestic      Are you a: ☐ New Appointee ☐ Transfer ☐ Rotation (Return from Post)

New Position Title: \_\_\_\_\_ New Office Location: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ Tentative EOD Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Current Office Address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

Express Mail Documents to: ☐ Home ☐ Office      E-Mail Address: \_\_\_\_\_ (Office)

Dependents Traveling on Orders to New Duty Station: \_\_\_\_\_ (Personal)

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Children: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ Son ☐ Daughter SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ ☐ Son ☐ Daughter SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ ☐ Son ☐ Daughter SSN: \_\_\_\_\_

Other: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_

Other: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_

Emergency Contact Information: (Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

Direct Deposit: ☐ Yes ☐ No      Gov't Credit Card: (Number) \_\_\_\_\_ (Exp) \_\_\_\_\_      Pets: ☐ Yes ☐ No

Vehicle: ☐ Yes ☐ No (Year) \_\_\_\_\_ (Make) \_\_\_\_\_ (Model) \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Funding: \_\_\_\_\_ Approval (signature): \_\_\_\_\_

## HQ REFUGEE, ASYLUM AND INTERNATIONAL OPERATIONS OFFICE (HQRAO) SECTION

Discussed with Employee on: \_\_\_\_\_

<input type="checkbox"/> Training	<input type="checkbox"/> Security	<input type="checkbox"/> USCIS Weapons/Property	<input type="checkbox"/> Allowances
<input type="checkbox"/> Medical Information	<input type="checkbox"/> Passport/Visa Info	<input type="checkbox"/> Gov't Credit Card Limit	<input type="checkbox"/> Household Goods
<input type="checkbox"/> Medical Insurance	<input type="checkbox"/> Passport Letter	<input type="checkbox"/> Travel Advance	<input type="checkbox"/> Forwarding Mail
<input type="checkbox"/> Car Insurance Info	<input type="checkbox"/> Tax Changes	<input type="checkbox"/> Salary Advance	<input type="checkbox"/> _____

Transfer Paperwork to Employee: \_\_\_\_\_ G-201 to Security: \_\_\_\_\_

Security Clearance Granted: \_\_\_\_\_ Level: \_\_\_\_\_

Medical Clearance Granted: \_\_\_\_\_ Level: \_\_\_\_\_

Passport Requested: \_\_\_\_\_ Passport Received: \_\_\_\_\_ Copy of Passport: \_\_\_\_\_

Visa Requested: \_\_\_\_\_ Visa Received: \_\_\_\_\_ Passport Sent to Employee: \_\_\_\_\_

Credentials/Badge Requested: \_\_\_\_\_ Received: \_\_\_\_\_ Sent to Employee: \_\_\_\_\_

Release of Orders Given: \_\_\_\_\_ Transfer Orders Issued: \_\_\_\_\_ Country Clearance Sent: \_\_\_\_\_

Remarks: \_\_\_\_\_

EMPLOYEE: Please fax the completed form to USCIS OFM Burlington at 802-872-4670.  
If an International relocation, also fax a copy to HQRAO at 202-272-1350